

# Leave My Body Alone: Female Genital Cutting is a Gender-Based Violence

Presenter  
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***An end to Female Genital Cutting (FGC) ensures the health, safety and empowerment not only of victims but also of future generations of girls and women***

## Introduction

- Nisaa African Family Services is a culturally specific organization serving victims/survivors of sexual assault, domestic violence and human trafficking from African communities in Iowa

The organization:

- Provides direct services to victims, including crisis intervention; counseling; creative support groups; assistance with law enforcement, legal and immigration needs and court accompaniment; advocacy with education, employment, housing, and government benefits
- Conducts community outreach and education
- Engages with youth on violence prevention
- Nisaa's multilingual advocates are mobile and the organization serves all 99 counties in Iowa
- In 2018, Nisaa served nearly 100 sexual violence victims who disclosed personal experiences of some form of FGC

## Nisaa's advocacy in Iowa

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- In 2017, Iowa's elected officials began discussions with some community members about criminalizing FGC
- In February 2018, Nisaa advocates attempted to persuade Iowa legislators to hold dialogues with women who had undergone the practice as a more informed and empathetic approach
- From January 2019, Nisaa led advocacy efforts in the Iowa Legislature in opposition to the anti-FGC bill because the organization wanted to focus on education first before criminalization
- In May 2019, the Legislature signed a bill against FGC, with amendments adopted for community education and training for healthcare providers
- Nisaa now aims to intensify its efforts on community outreach and education in Iowa to raise awareness of FGC; assist communities in recognizing their roles in maintaining or ending this practice; inform communities of their legal and social responsibilities; and help foster public health and development

## All about FGC

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- WHAT IS FGC (OR FGM)?
- WHY IS FGC IS PERFORMED & ON WHOM?
- FGC IN UNITED STATES
- UNDERGROUND PRACTICE
- HEALTH-RELATED IMPACT OF FGC
- VIEWPOINTS OF FGC SURVIVORS
- RESPONSES TO FGC SURVIVORS
- CASE STUDY

## What is FGC (or FGM)?

- FGC is the preferred acronym because Female Genital Mutilation (FGM) implies that the intention of practitioners is to “mutilate” and underscores the stereotype of certain communities as “barbaric.” Some prefer Female Genital Modification (FGMo)
- FGC is the partial or total removal of the clitoris and labia, and in about 10% of cases, sewing shut the vulva, leaving a tiny opening in which to pass urine and menstrual fluid
- It is practiced in Africa and some parts of the Middle East and Asia, and according to researchers, has existed much before the Christian era
- It is seen as a rite of passage for young girls and is most often performed between the ages of 4 and 10 years
- It is not a religious requirement or practice, and is also not guided by specific socioeconomic factors
- It has no a medical or therapeutic practice and has no scientific basis

## Why FGC is performed

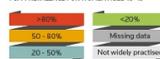
### FEMALE GENITAL MUTILATION (FGM) WHERE DOES IT HAPPEN?

FGM is practised in 28 African countries and parts of the Middle East and Asia. It is also found in immigrant communities worldwide.

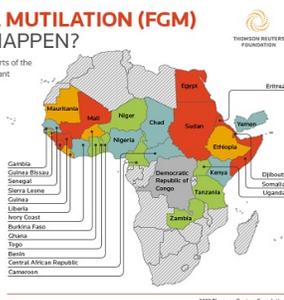
An estimated 100 to 140 million girls and women have been subjected to FGM. In Africa, around 3 million girls are thought to undergo FGM every year.

FGM is often a prerequisite for marriage, but it can cause life-long physical and psychological problems.

FGM PREVALENCE FOR WOMEN AGED 15-49



Source: UNICEF and Population Reference Bureau



A mix of cultural, religious and social beliefs and values within families and communities supports FGC:

- Preserves chastity before marriage and discourages sexual desire and premarital sex
- Ensures purification/cleansing
- Increases marriage opportunities
- Improves fertility
- Prevents stillbirths
- Women are viewed to be unhealthy, unclean or unworthy if they have not undergone the procedure
- And there is social pressure to conform

## Who is at risk?

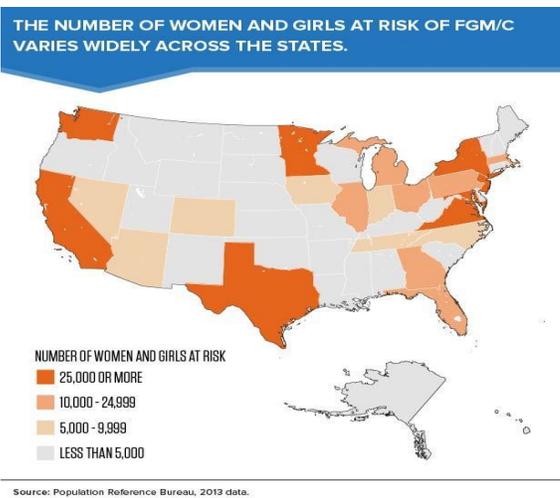
- Young girls between the ages of 4 and 10 years, but sometimes as young as three months if the family has to leave the homeland
- Some young adult women are encouraged to undergo the procedure before their wedding

### Worldwide:

- More than 100 million girls and women around the world have undergone the procedure, sometimes called “female circumcision,” and more than 3 million girls are cut annually

### In the United States:

- 97% of women and girls targeted for FGC come from African countries
- “Vacation cutting” conducted in the homeland during school breaks



In November, 20th 2018, a U.S. federal judge ruled the Female Genital Mutilation Act 1996 unconstitutional. It is under appeal. So far, 33 states have made FGC illegal. In May 2019, Iowa made it a class D felony to perform FGC or transport a minor out of state to have the procedure performed

## Underground practice



- Practiced by traditional circumcisers, who often are midwives
- Unsanitary conditions
- Without anesthesia
- One razor might be used to cut several girls
- Risk of hemorrhaging
- Risk of infections and spreading diseases
- Older women who faced societal or family pressures or younger women without daughters may openly or silently support the practice

## Health-related impact of FGC

- Interferes with natural functions of girls' and women's bodies, such as menstruation
- Immediate occurrences may be severe pain, shock, hemorrhaging, bacterial infection, urine retention, open sores and injuries to nearby genital tissue
- Long-term consequences may be recurring bladder and urinary tract infections, cysts, infertility, increased risk of childbirth complications and newborn deaths, and need for later surgeries
- Effects on sexuality, desire and pleasure
- Psychological health problems, including Post Traumatic Stress Disorder (PTSD)
- Marital discord

## Survivors speak

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- “It’s our culture that has been passed on to us”
- “My mother is also a victim of FGC, and I don’t want her to go to jail”
- “What I went through was horrible”
- “I don’t want my younger siblings to go through FGC”
- “Help midwives who perform FGC get other sources of income so they don’t have to rely on this practice”
- “Doctors and nurses should be compassionate towards immigrants who have undergone FGC”
- “All healthcare professionals should be fully trained in understanding and responding appropriately to FGC”
- “Families need to learn that FGC is sexual violence and control of women’s sexuality”

## Outreach before criminalization

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- Criminalization of FGC can be alienating because targeted people may be shunned
  - Criminalization can cause fear within the larger community and lead to silence and mistrust
  - Criminalization can force the practice further underground
  - Criminalization can result in family break-ups, affecting parenting and child development
- BUT
- Education on FGC can help families become empowered to make internal changes
  - Education can strengthen intergenerational ties
  - Education can promote community accountability and bring about cultural shifts for the better
  - Education can lead to overall improved community health and growth

## Effective solutions

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- “Community insiders” are the outreach and education experts
- Healthcare providers should include extensive (not cursory) FGC education in all trainings
- All staff at pediatric clinics that work with significant immigrant communities should get training in cultural sensitivity and competence related to FGC issues
- Grassroots community organizing and education that is intentional, consistent and persistent will result in lasting social change

## Case study

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- A 20-year-old African woman comes to your organization and discloses being sexually assaulted at a party a month earlier by a friend from her community. She says she does not want police involved but is worried she may have contracted an infection. She wants your help in going to a doctor without her parents knowing about it. The woman appears more and more agitated as she talks about what may be happening to her body, saying she has never felt she had any control over it. When you try to get her to give you more information about these comments, she clams up. You are not sure whether she is a victim of FGC, but you want to address that possibility in a sensitive way. How would you proceed? Briefly explore some points you would consider.

## Points to consider

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- Validate the woman's experience with understanding and empathy
- Help her make a medical checkup appointment over her concerns, and reassure her that you will support her throughout the process
- Make an appropriate medical appointment
- Try to discern gently whether the woman is a victim of FGC
- Discuss with her all eventualities with medical personnel at the clinic, especially if FGC is involved
- Advocate carefully for the woman with medical personnel, such as the nurse and doctor
- Guide the woman on the next course of action, based on her needs and wishes
- Consider a support group for the woman
- Discuss options with her on healing methodologies and on holding harm-doer/s accountable

## Questions?

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Be a mountain or lean on one. — Somali proverb

## Thank you!

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## Disclaimer

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This project was supported by Grant No. 2017-KS-AX-0010 awarded by the Office on Violence Against Women, U.S. Department of Justice. The opinions, findings, conclusions, and recommendations expressed in this publication/program/exhibition are those of the author(s) and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women.

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